

**SERVICE DEFINITION DOCUMENT Annexure-A***(To be completed at the time-of-Service Order & Delivery)***I) Customer Information**

<b>Customer Name:</b>	
<b>Complete Address:</b>	
<b>Name of Business Contact:</b>	
<b>Phone / Mobile:</b>	
<b>Email Address:</b>	
<b>Complete Billing Address:</b>	
<b>Billing Email:</b>	

**II) Service Description**

<b>Service Category:</b>	
<b>Service Type:</b>	Leased Line Internet Access
<b>Service Location:</b>	
<b>IP Port Capacity Ordered:</b>	
<b>Required Speed &amp; Contention Ratio:</b>	
<b>Service Needed by Date:</b>	
<b>Billing Cycle:</b>	
<b>Payment Type:</b>	Upfront Payment

**III) Charges**

<b>Initial Setup Charges:</b>	
<b>Monthly Recurring Charges:</b>	
<b>Monthly CPE Rental Charges:</b>	
<b>Annual IP Address Charges:</b>	
<b>Minimum Subscription Period:</b>	

**IV) A: Service Quality Assurances Normal Mode (Traffic through Fiber)**

<b>Capacity Contention Ratio:</b>	
<b>Service Availability (Uptime):</b>	99.50%
<b>Latency (Major Destinations):</b>	<400 millisecond
<b>Packet Loss:</b>	<1%

**IV) B: Service Quality Assurances Degraded Mode (during transmission fiber cut)**

<b>Capacity Contention Ratio:</b>	1:1
<b>Service Availability (Uptime):</b>	98.00%
<b>Latency (Major Destinations):</b>	<1000 millisecond
<b>Packet Loss:</b>	< 5 %

**IV) C: Support Services Assurances**

<b>Helpdesk Services and Maintenance support:</b>	8x5 (8 hours for five working days)
<b>Response Time:</b>	< 2 Hours
<b>Critical &amp; Major Problems Resolution:</b>	< 8 Hours (Excluding Travel Time)
<b>Minor Problems:</b>	< 24 Hours

**IV) D: Service Credits**

<b>Service Availability (&gt;99.5%):</b>	No Credits
<b>Service Availability (&lt;99.5%):</b>	1:1 (1 hour Service extension for every hour of Service Outage). Please refer to Note.
<b>Note:</b> <i>Service extension Credits shall be filed by the Customer &amp; will be adjusted in subsequent Service Period after verification by TICL</i>	

**V) Contact Information for Support Services**

<b>Help Desk (24x7)</b>	Call Centre: 7700/77105646
<b>Level 1 Support:</b>	helpdesk@tashicell.com / support2.isp@tashicell.com
<b>Escalation to:</b>	General Manager AND <a href="mailto:gm.access@tashicell.com">gm.access@tashicell.com</a> 77101117

**VI) Service Commissioning Information** *(To be filled at the time-of-Service Acceptance)*

<b>Installation Completion Date:</b>	
<b>Service Commissioning Date:</b>	
<b>Test Period Start Date:</b>	
<b>Service Date:</b>	
<b>First Invoice Date:</b>	
<b>Service Accepted by (Name &amp; Initial):</b>	
<b>TICL Representative (Name &amp; Initial):</b>	